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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/692,926	<b>FILING DATE</b> 10/20/2000 <b>RULE</b> -	<b>CLASS</b> <del>455</del> 379	<b>GROUP ART UNIT</b> <del>2681</del> 2642	<b>ATTORNEY DOCKET NO.</b> 00-5019
<b>APPLICANTS</b> Douglas J. Cowell, Irving, TX ; Ravi Narayan, Honolulu, HI ; <i>none HA</i>				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none HA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/04/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>HA</i> Initials <i>HA</i>		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 46 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Leonard C Suchyta Verizon Services Group 600 Hidden Ridge HQE03G13 Irving, TX 75038				
<b>TITLE</b> Method and system for call center screening				
<b>FILING FEE RECEIVED</b> 1308	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 8386

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/692,926	<b>FILING DATE</b> 10/20/2000 <b>RULE</b>	<b>CLASS</b> <del>455</del> 379	<b>GROUP ART UNIT</b> <del>2081</del> 2042	<b>ATTORNEY DOCKET NO.</b> 00-5019	
<b>APPLICANTS</b> Douglas J. Cowell, Irving, TX; Ravi Narayan, Honolulu, HI;  <b>** CONTINUING DATA *****</b> none HA  <b>** FOREIGN APPLICATIONS *****</b> none HA  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/04/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>HA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 32127					
<b>TITLE</b> Method and system for call center screening					
<b>FILING FEE RECEIVED</b> 1308	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		